

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023350
State File No.

1120

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4541 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>FORDLAND</u>		c. CITY OR TOWN <u>FORDLAND</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED
(Type or Print) a. (First) IRA b. (Middle) SHERIDAN c. (Last) CLOUSE

4. DATE OF DEATH (Month) (Day) (Year) JUNE 29 1957

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT 23-1876 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO MO 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GW CLOUSE 13b. MOTHER'S MAIDEN NAME MARY KINCANNON 14. NAME OF HUSBAND OR WIFE BESS CLOUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME BESS CLOUSE ADDRESS FORDLAND, MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u> <u>1 month</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Suppurative Pulmonary Infection</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4341

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 20-27, 1957 to June 29, 1957, that I last saw the deceased alive on June 29, 1957, and that death occurred at 10:30 PM, from the causes and on the date stated above.

23a. SIGNATURE J. P. Rice (Degree or title) D.O. & Surgeon 23b. ADDRESS _____ 23c. DATE SIGNED 7/4/57

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 24b. DATE JULY 2 1957 24c. NAME OF CEMETERY OR CREMATORY FORDLAND CEMETERY 24d. LOCATION (City, town, or county) (State) FORDLAND, MISSOURI

DATE REC'D BY LOCAL REG. 7-10-57 REGISTRAR'S SIGNATURE Opal M. Good 25. FUNERAL DIRECTOR'S SIGNATURE Lyman Ferrell ADDRESS Fordland, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 484

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.